

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 21, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000011115****1. Entity Name**  
TESLA, INC.**Principal Place of Business**801 UNIVERSITY DR.  
STE. C-136 A  
PLANTATION  
33324

FL

**Mailing Address**801 UNIVERSITY DR.  
STE. C-136 A  
PLANTATION  
33324

FL

**2. Principal Place of Business**

801 S. UNIVERSITY DRIVE

**3. Mailing Address**

801 S. UNIVERSITY DRIVE

**Suite, Apt. #, etc.**

SUITE K103A

**Suite, Apt. #, etc.**

SUITE K103A

**City & State**

PLANTATION

FL

**City & State**

PLANTATION

FL

**Zip**  
33324**Country**  
US**Zip**  
33324**Country**  
US**4. FEI Number****65-0811090****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DELGADO MARIO R  
2151 WHENE RD.  
STE 202  
CORAL GABLES  
33134

FL

**7. Name and Address of New Registered Agent****Name**

MARIO R. DELGADO, P.A.

**Street Address (P.O. Box Number is Not Acceptable)**

2151 S. LEJEUNE ROAD

**SUITE 202****City**

CORAL GABLES

**FL****Zip Code**  
33134**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.****SIGNATURE MARIO R. DELGADO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/21/2000**

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing  
Trust Fund Contribution.** ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS****TITLE**  
**NAME** ACOSTA NELSON  
**STREET ADDRESS** 6820 WINGED FOOT DRIVE  
**CITY-ST-ZIP** HIALEAH FL 33014**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME**  
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**CITY-ST-ZIP****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME** ACOSTA NELSON  
**STREET ADDRESS** 801 S. UNIVERSITY DRIVE, STE K103A  
**CITY-ST-ZIP** PLANTATION FL 33324**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME**  
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**CITY-ST-ZIP****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE** NELSON ACOSTA

R

04/21/2000